

DISTRICT OF COLUMBIA ~ DEPARTMENT OF HEALTH ~ ADAP
Atazanavir/cobicistat (Evotaz™)
PRIOR AUTHORIZATION PROGRAM Request Form

CLIENT'S NAME: _____

ADAP ID: _____

ADAP Pharmacy: _____

DC ADAP Policy: Evotaz™ is a fixed-dose combination tablet containing the active ingredients atazanavir and cobicistat. Atazanavir is an HIV-1 protease inhibitor. Cobicistat is a non-antiretroviral pharmacokinetic enhancer that inhibits cytochrome P450 (CYP) enzymes of the CYP3A family. **It requires prior approval for coverage. Allow up to 96 hours for completion of request**

Evotaz™ (atazanavir and cobicistat) is indicated in combination with other antiretroviral agents for the treatment of HIV-1 infection in adults.

LIMITATION OF USE

Use of Evotaz™ in treatment-experienced patients should be guided by the number of baseline primary protease inhibitor resistance substitutions

1. Client's current regimen includes atazanavir and cobicistat; simplification is desired goal
YES ☐ NO ☐
2. Cobicistat/protease regimen selected for initial regimen and patient is allergic to ritonavir
YES ☐ NO ☐ Describe allergy _____
3. Cobicistat/protease regimen selected for initial regimen and patient is intolerant to ritonavir
YES ☐ NO ☐ Specify intolerance _____
4. Other Use: _____

Recommended dosage and administration: The recommended dosage of Evotaz™ in treatment-naive and -experienced adults, is one tablet taken once daily orally with food. Administer Evotaz™ in conjunction with other antiretroviral agents (see prescribing information)

Physician's signature: _____ Date: _____

Physician's Name (Print): _____ Phone #: _____ Fax #: _____

Fax Completed Form to Clinical Pharmacy Associates: Fax: 1 (888) 971-7229

Phone: 1 (800) 745-0434 ext 150 Attention: Prior Approval Program

Approval: YES ☐ NO ☐ Date _____ Initials _____ Office use only
Reason for denial _____

Only employees/agents of the HIV/AIDS Hepatitis, STD and Tuberculosis Administration or Clinical Pharmacy Associates are intended recipients of this document. Any disclosure, dissemination or copying of information by unintended individuals is strictly prohibited. If you have received this form in error, please notify us by telephone and fax original to the number listed above.